Information for Caregiver Specialist

When contacting a service provider, you may want to have this information available:

Name of person requiring care _____ Age ____

Address _____

Relationship to you ___self ___spouse ___parent ___relative ___friend/neighbor

Why does this person need help?

___ recovering from an injury or illness (an auto accident, broken bone, etc.)

___ has a long-term or chronic condition

Where would she or he prefer to receive care?

___at home ___residential facility ___ not sure

Which tasks does this person need assistance with?

___ toileting ___ dressing/grooming ___ medication reminders or supervision

___ bathing ___ transferring (from bed into a wheelchair, for example)

Does he or she need help with household chores?

___ cooking ___ shopping ___ transportation ___ telephone calls

___ money management ___ light cleaning ___ heavy cleaning

How mobile is this person?

___ walks without assistance ___ needs assistance to walk

___ in a wheelchair ___ bed bound

Does the person exhibit any of these behaviors?

___ confusion about where he or she is

___ verbal or physical aggression

___ forgets the names of close family members and friends

___ wanders away from home

Is he or she in any of the following situations?

___ regularly left alone for more than 24 hours ___ care needs often unmet

___ inadequate opportunities to socialize with others

___ family or friends don't live close enough to help or visit on a regular basis

Is the person able to pay for services out of pocket?

___ entirely ___somewhat ___ not at all ___ don't know

Does she or he qualify for financial assistance?

___ Veterans benefits ___ Medicaid ___ Medicare

___ fuel assistance ___ property tax exemption ___ other _____

Which medical conditions does the person have?

___ Alzheimer's or Dementia

___ arthritis

___ cancer

___ depression

___ diabetes

___ heart problems

___ kidney disease

___ stroke

___ osteoarthritis

___ psychiatric condition

___ Parkinson's Disease

___ other neurological or sensory problems

___ other metabolic or endocrine problems

___ other musculoskeletal problems

___ post- surgery infections or injuries

___ other circulatory problems

What are his/her 2 or 3 major needs?

___ daily living assistance

___ skilled nursing care

___ transportation

___ develop a care plan

___ rehabilitation from surgery/accident/stroke

___ support in dying (in the last stages of illness)

___ companionship

___ care in case of an emergency

___ social and recreational activities

___ management of overall care needs

Which of these other services might be useful for this person or her/his family?

___ legal advice or estate planning

___ health insurance counseling

___ full medical assessment/workup

___ assisted living

___ support resources for caregivers

___ professional care manager

___ neuropsych evaluation